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ABSTRACT

A project was undertaken to develop a competency-based educational curriculum to meet the job requirements of nursing home training coordinators. During the project, researchers assessed the current state of the role of nursing home training coordinators and the performance competencies needed by them. In addition, curriculum guidelines were designed to meet the needs and requirements for a position as a nursing home training coordinator. Also developed during the project was a training manual for use in helping other educational institutions to replicate the project-developed nursing home trainer coordinator curriculum. In the fall of 1979, a project-sponsored course entitled "Inservice Coordination in the Health Care Setting" was developed and offered to 14 students at the School of Allied Health Sciences of the University of Texas Health Science Center in Dallas. The final phase of the project involved the development and approval of a minor in gerontology that was made available to students in Allied Health Education. The questionnaire, field survey results and curriculum guidelines are appended. (MN)

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A Guide to a Career in Gerontology



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School of Allied Health Sciences, University of Texas Health Science Center at Dallas

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A Comprehensive Model for the Development of Training Coordinators

Final Report

Nora S. Ernst, Ph.D.

Principal Investigator

This material was prepared under a grant from the Research Coordinating Unit, Department of Occupational Education and Technology, Texas Education Agency, Austin, Texas. June, 1980.

Statement of Need

In October, 1978, the Texas State Department of Health Resources issued mandatory regulations regarding in-service education governing nursing and custodial homes in Texas. These regulations state "Each facility shall implement and maintain programs of orientation, training, and continuing education of all employees who have any contact with the residents."¹ The Texas State Department of Health requires as of April 1, 1979 that this regulation be complied with in order for a home to receive state licensure and financial support. There are over 1,200 nursing and custodial homes in Texas which are now required to provide this mandated, competency-based education to all personnel.

It is unique that Texas is the only state at this time which has legislatively mandated inservice education for long term care personnel. The state is in the position as a forerunner in this movement to develop models for training which may be used widely when mandatory education becomes more common in the field of long term care. In the next decade increasing regulation is expected in all aspects of long term care and particularly in the area of orientation and inservice education for facility personnel.

The regulations also state, "the administrator of the nursing home or custodial care facility shall designate in writing a facility training coordinator to organize, oversee, and coordinate the facilities' program of orientation, job specific training, and continuing in-service education."² This person must have credentials meeting the requirements of the State Department of Health. These regulations will eventually require the training coordinator to hold a bachelors degree. However, at this time the designated training coordinator can be drawn from the nursing home staff or be from an area in which a degree is not required, such as licensed vocational nurses or non-degreed registered nurses. This will allow an opportunity for lower level nursing home employees to change vocational direction from direct patient care to training coordinator and subsequently upgrade their own vocational outlook. Additionally, as training coordinators they should impact on the entire patient care system within nursing and custodial care facilities by providing effective competency-based training to other employees.

Beyond the training coordinator positions, there will be an opportunity for many other non-professionals to become trainers. The training coordinator may/or may not do all the actual teaching required by the nursing home. The Department of Health regulations state, "the training coordinator shall engage the services of appropriate and competent persons to carry out or assist in carrying out the programs."³ This suggests that the coordinator's personal expertise may be in one particular area of learning

¹Texas Department of Health, Employee Orientation and Training in Nursing Homes and Custodial Care Homes, Austin, Texas State Department of Health 12-102, 1978, p. 3.

²Ibid., p. 3.

³Ibid., p. 3.

and as such may need to utilize other nursing home staff for additional areas. It is implied that the training coordinator will assist the other staff in educational design areas by the regulation which states, "Ideally, the training coordinator will have had training or experience in adult education and in the general areas of health care."⁴ Training coordinator is a new occupational opportunity which will provide jobs and job training for a whole new scope of persons. A relatively small amount of enrichment and/or reinforcement is needed to ensure the effectiveness of the teaching and the subsequent impact of the staff development activities.

To facilitate the change in vocational focus, some educational background in development of continuing education curriculum, strategies and techniques for working with adult learners, and linkages to resource materials and persons are needed. In the absence of skilled persons, an urgent problem is developing for those administrators who are attempting to be in compliance with the State demands. The nursing and custodial care homes are responding to these regulations by designating easily available resources. Current employees are being designated as training coordinators. Outside consultants are being employed. Some new employees are being sought to fill the position. However, the training coordinator positions are being filled primarily on the basis of the need to meet regulations rather than on the qualifications and abilities of the applicants to meet the new job requirements.

It is of vital importance that persons designated as or applying for positions as training coordinators have certain competencies in education and management. There is a need for access to courses of study which will help prepare training coordinators in the area of adult or continuing education, curriculum planning and design, education evaluation, and the management and recording of educational events. Since most of these coordinators will come from the ranks of nursing personnel, there will be an opportunity for community colleges and universities to design and implement series of courses leading to the development of qualified nursing home training coordinators.

In view of the emerging field of training coordinator, one does not have to look far to find the need emphasized in the literature. The original mandate by the State Department of Health in their document is the clearest call for education in the new field.

In Basic Principles of Long Term Patient Care, the authors begin Chapter 9 with the statement "No therapeutic community can begin to accomplish its aims without a teaching program for all staff members which is given first priority...what is needed is a learning environment, not just a teaching program, with strong leadership and coordination and with staff members involved in both the planning and the doing."⁵

⁴Ibid., p. 4.

⁵Basic Principles of Long Term Patient Care: Developing a Therapeutic Community, Charles H. Dramer & Jeannette R. Kramer, Charles C. Thomas Publisher, Springfield, Illinois, 1976, pp. 277, 279.

In the January, 1974 issue of Cross Reference, emphasis is placed on the need for basic education for the trainer in an adult setting. The role of the adult trainer must be subjected to analysis and discussed in detail before final curriculum synthesis can take place.⁶ Without this solid base of education, the trainer will not be a quality vehicle through whom the intended information will pass to those involved in resident care. Naturally the successful functioning of the nursing facility will depend to an extent on the worth of these in-service sessions, and the organization of these by the trainer cannot be of high quality without the requisite skills.⁷

As previously mentioned, presently most of the training coordinators are being drawn from nursing personnel. For training coordinators, as for other professions, a major factor affecting quality of professional practice is the preparation for it. Pohl found in her study of a random selection of American Nurses' Association members from five job areas a significant lack of preparation for the teaching role. The average nurse was a diploma graduate with no college work and no courses in principles or methods of teaching.⁸ We would expect that nurses in long term care would present a similar profile.

Although this particular aspect of training is a recent development, literature on the topic is beginning to grow. The work of Hickey,⁹ Shore,¹⁰ and Hinkley¹¹ show that the need is obvious. With the very recent developments in "training the trainer" curriculum, the literature cited above indicates that there is a need for research and development concerning this emerging job role.

⁶Education: Rx for Success — Role Clarification for the Trainer." Cross Reference, January, 1974; 4:1, 6-7.

⁷"Good Education in Good Management." Cross Reference, January-February, 1976, 12.

⁸Pohl, M.L.: "Teaching Activities of the nursing practitioner," Nursing Research, 14: 4-11, 1965.

⁹Hickey, Tom, "Inservice Training in Gerontology." Gerontologist, February, 1974, 57.

¹⁰Shore, Larry E., "Train Supervisors to Train." Training and Development Journal, February, 1974, 14.

¹¹Hinkley, N.E., "Staff Development — A Frill, Requirement, or A Necessity." Journal of Long Term Care Administration, January, 1978, 12-19.

Objectives

The overall goal of this project was to develop a competency based educational curriculum to meet the job requirements of the newly emerging vocation of nursing home training coordinator.

In order to meet this goal, the following objectives were accomplished:

1. To assess the current state of the role of nursing home training coordinator currently employed.
2. To assess the performance competencies needed by nursing home coordinators in their job performance.
3. To design curriculum guidelines to meet the needs and requirements for a position as nursing home training coordinator.
4. To design a training manual which will enable other educational institutions to replicate the curriculum developed for nursing home training coordinator.
5. To conduct a pilot course of study which will enable participants to perform effectively as nursing home training coordinators.
6. To coordinate the activities needed to implement the pilot courses into the university offerings as a permanent course of study leading to a certificate.

The specific steps undertaken to accomplish each of these objectives are detailed on the following pages. It was anticipated that the outcomes of this project would include an accurate assessment of the current state of the job of nursing home training coordinator and develop a competency profile of needed areas of curriculum for inclusion in a course of study aimed at training people to become training coordinators. The assessment of the current state of the job of training coordinator resulted in the "State of the Field Survey Results" presented in Section II of this report. The competency profile (Objectives 2 & 3) was used as the basis of the curriculum guidelines presented in Section III. In addition, the training manual (Objective 4) is bound separately in order to facilitate its use in other training programs.

Objective 1: To assess the current state of the role of nursing home training coordinator currently employed.

In September 1979, 906 surveys were mailed to representatives of every nursing home in Texas. This instrument, the Training Coordinator Survey (Section II), was designed to elicit information which would allow the researchers to compile a profile of current training coordinators. The instrument identified educational background, scope and variety of functions of the coordinator, size of facility(s) served, methods of presentation used in training, and important resources available. A total of 271 surveys were returned, giving a response rate of 29.9%. Many respondents were training coordinators for more than one facility, and a total of 514 nursing homes, or more than 50% of all homes in Texas, are represented by this survey. A summary of the findings follows.

In general, the training coordinator has a nursing background and has had little or no training specifically for the position he/she now holds. If they had any previous training in the role of training coordinators, it was most often of the workshop or lecture format. Of those who had previous training, it was shown that many of them received this training from the Department of Health soon after the inservice regulations went into effect.

A majority of trainers serve only one nursing home and several were more likely to spend 40 hours per week in the capacity of trainer. However, close to one-half of those serving only one home spent one day or less each week in their role as training coordinator. In addition to their training duties, almost 70% of respondents replied that they also carried additional responsibilities in the nursing home, with a large number functioning as the RN consultant or Assistant Director of Nursing.

The majority of trainers conduct most of the training themselves, in addition to organizing and monitoring educational sessions, keeping records on participants, and locating resources. In addition, some respondents conduct employee physicals, conduct fire drills, conduct orientation, and perhaps recruit and screen employees. Most respondents replied that they use almost all methods of presentation of material including lecture, demonstration, small-group discussion, audiovisual, and others, with on-the-job training (OJT) a principle form of instruction.

In most cases the training is conducted within the nursing home, but in a variety of other settings. Some locations include a special classroom, the dining room, activities room, on-the-floor, or in a central facility used with chain or corporate homes.

Most trainers surveyed use many outside resources and resources within the home as well to meet their training needs. Frequently used outside resources include an RN consultant, dietician consultant, pharmacist, the fire department and the clergy. Others are used with less frequency. Resources most frequently used from inside the facility include various nursing staff, dietary staff, activities director, and the administrator.

The homes represented by respondents in this survey were typically for-profit facilities, with an average size of 100 beds, and licensed as a nursing facility. The majority of respondents represented homes outside of a major urban center.

This brief summary is intended only to provide an overview of the state of the art in nursing home training coordinators. A complete report of the survey is included in Section II of this report. It is interesting to note however how few have any training or education which would assist them in their positions, and how many carry many responsibilities in addition to that of trainer. It must indeed be a difficult transition for employees to make when assigned the role of trainer in addition to their duties, and this made even more difficult by lack of preparation. It is to this problem that the remainder of the project was addressed.

Objective 2: To assess the performance competencies needed by nursing home training coordinators in their job performance.

The purpose of this phase of the project was to conduct a baseline needs assessment of the skills/competencies needed by training coordinators in long term care facilities in the state of Texas.

A need has been defined as the discrepancy between an acceptable and an observed state of affairs. Or, in another way, a need is the observed discrepancy between the ideal functioning of an organization and the actual observed functioning of that organization. A needs assessment has been defined as the process by which needs are identified and priorities among them determined. The most common methods of needs assessment often do not provide the kind of information needed in several regards. A need is not just a wish or a want yet many instruments ask employers what kinds of training they would like to have. This desire may not take into account actual level of current performance, and merely reflect popular topics on which employees already have an understanding. Other assessments may ask supervisors to delineate what they feel the employees need in the area of training. However, real discrepancies may exist between what management feels is needed versus the perceived training needs of those actually in the field.

In an attempt to overcome some of these problems, a two-round modified Delphi technique was used to assess competencies needed by training coordinators. The Delphi technique, pioneered by the Rand Corporation, is a method of defining convergency of opinion. It can be used for arriving at goal definition, linking measurable objectives to adopted goals, or in setting and defining standards. Delphi is essentially a series of interrogations of samples of individuals. The responses for each round of questions are gathered by an intermediary, who summarizes and returns the information to each participant. The participant can then revise his own opinions or ratings. The participants are not allowed to meet or discuss the questions during the rounds. This anonymity provides a check on those participants who may dominate in a round table discussion.

In this project phase, a needs assessment questionnaire (first round of the Delphi) was distributed by the research staff to administrators and training coordinators at three regional meetings of the Texas Association of Homes for the Aged (TAHA), one held in San Antonio and two in Dallas. A total of 18 respondents returned the survey. These 18 respondents were identified then as the "panel of experts" and included (9) 50% administrators and (9) 50% training coordinators. The first survey asked the individuals to define and list the ten most important job competencies for training coordinators from the perspective of current practice. These responses were compiled into a list of 33 important competencies. (See appendix for Delphi Questionnaires).

In the second phase of the data collection, a second survey instrument was administered to the 18 members of the panel of experts. In this survey, the respondents were asked to rank each of the 33 competencies with a five-point scale on two dimensions: 1) importance to their job

role, and 2) satisfaction with their current performance. A forced choice ranking procedure was used during this phase of the data collection. This technique of rank ordering did not allow the respondents to rank every competency as most important, but was used to produce a statistical variance among the responses. Attention is called to the fact that all competencies were previously identified as important in the first round of the Delphi. The ranking procedure was intended to identify priority areas for educational planning.

Essential to this method is the concept that discrepancies identified between importance and current practice become priority training areas. For example, if a competency is identified as very important for job performance but level of current performance is ranked very low, then that competency would be identified as a high priority training area. On the other hand, a competency ranked low on importance and high on current performance would become a low priority for training intervention.

The competencies were rank ordered by mean score for level of importance and for level of satisfaction with job performance. The mean scores were used to obtain discrepancy scores between the levels of importance and satisfaction. The discrepancy scores were then used to rank order the competencies for continuing education priority. In the following presentation of the data, discrepancies are examined between rankings for training coordinators only; for administrators only; and discrepancies between rankings or "importance" only between administrators and training coordinators. A correlated T-test was used to look at the differences in the means on the rankings of importance and current satisfaction for each concept.

Tables I & II contain the rank order of the job role competencies. The column headed "importance" lists the mean score for importance to job role and the rank order. The column headed "satisfaction" contains the mean score for the current level of satisfaction with job performance in the competency area and the rank order. The third column contains discrepancy scores which reflect the algebraic difference between the importance and satisfaction mean scores. This column also contains the rank order of importance for educational intervention identified by negative values for the discrepancy scores which are produced by high importance, low satisfaction markings.

Eleven competencies ranked by training coordinators as shown in Table I have negative discrepancy values. These competencies, shown in descending order of importance are identified as priority education areas by training coordinators:

- *Knowledge of Adult Education Principles
- Ability to Plan and Coordinate Training Programs
- Knowledge of State and Federal Regulations Pertaining to Training within the Facility
- Development of a Method to Measure Progress
- Ability to Diagnose Training Needs of Staff to Improve Facilities
- Familiarity with Different Department and Services Available within the Facility

Knowledge of or Ability to Perform in the Areas of Training Skills
(Skills Checklist)

- { Ability to Evaluate Job Performance
- { Experience in Health Care Facility as Licensed Nurse
- { Use of Time Management and Prioritization Skills
- { Ability to Formulate Training Goals
- { Ability to Develop Training to Meet Identified Staff Needs

* = Most Important = Tie Scores

Several of the items received tie scores, but clearly the need for knowledge of adult education principles is an area in which most feel is very important, but present competency in this area is low. The reader is referred to the profile section of this report in which it is apparent that present trainer is usually chosen from a field such as nursing and usually has had no preparation for the responsibilities of teaching. It is not surprising therefore to see this appear as a major need area for educational intervention.

In Table II, fifteen competencies ranked by administrators have negative discrepancy values. These competencies, shown in descending order of importance, would be identified as priority education areas by administration.

- *Knowledge of Adult Education Principles
- Ability to Formulate Training Goals
- Knowledge of State and Federal Regulations Pertaining to Training within the Facility
- { Use of Time Management and Prioritization Skills
- { Development of A Method to Measure Progress
- Ability to Allow Feedback Between the Employee, Company, and State Agency
- { Familiarity with Different Departments and Services Available within the Facility
- { Knowledge of Budgeting Procedures
- { Knowledge of Documentation and Record Keeping Procedures
- { Ability to Maintain Rapport with Staff to Help the Execution of the Program
- { Ability to Comply with State and Federal Regulations Pertaining to Training
- { Ability to Plan and Coordinate Training Programs
- { Ability to Outline and Organize a Program
- { Ability to Exercise Leadership
- { Ability to Constructively Criticize without Offending Individuals

* = Most Important = Tie Scores

It is evident that administrators also identified knowledge of adult education principles as a competency of importance to training coordinators.

Several differences appear in the skills listed by Administrators and training coordinators. The administrators are concerned that coordinators have skill in the administrative areas of their position, such as budgeting, compliance with standards, and documentation, as well as in actual training and coordination skills. This is understandable in that the administrator is ultimately responsible in these areas, but a skilled training coordinator should be of real assistance in planning and assuring compliance with standards, budget, and recordkeeping. In addition, the administrators seem concerned with the trainer's ability to function effectively in a managerial aspect as shown by need to exercise leadership, use criticism productively, and work effectively with staff. It may be that the administrators view the coordinator position as having greater responsibility than just organizing and training, while coordinators view those responsibilities as their sole duties.

However, as shown in Table III, a significant difference ($p < .05$) in rankings occurred between administrators and training coordinators only on skill #23. This competency, the ability to evaluate job performance, was ranked significantly higher by training coordinators. For the most part, job evaluation is conducted with the Skills Checklist. Perhaps administrators are not as keenly aware of the difficulties in using the checklist instrument, such as time consumption and subjective judgement decisions which must be made on the performance of items. In addition, this may again be a function of the administrators view of the coordinator position as one of management and organization, rather than of direct evaluation and teaching. However, the new inservice directions may see a need for more training in the evaluation of job performance to facilitate the use of the skills checklist, but also methods by which job evaluation is translated into needs assessment for future training.

A trend toward significance is also evident for item #32, the ability to diagnose training needs of staff to improve facilities. The previous discussion would also apply to this competency. The lack of significant differences may point to a good beginning between administrators and inservice coordinators toward understanding the role of this new position. In a positive sense, it may also indicate management supported inservice programs, essential for success, in the facilities surveyed.

These competencies were used, along with the profile, in developing the curriculum for nursing home training coordinators. The reader is advised to see Objective 3 for an in-depth look at the translation of needs to the curriculum development.

TABLE I

Competency Rankings by Nursing Home Training Coordinators

Skills	Importance		Current Skill		Discrepancy	
	Mean	Rank	Mean	Rank	Mean	Rank
1	2.6250	13	2.5000	12.5	0.1250	20
2	3.6667	30	2.8889	23	0.7778	33
3	2.2222	3.5	3.2222	27	-1.0000	1
4	2.2222	3.5	2.5556	14	-0.3333	6
5	1.6667	1	2.1111	1	-0.4444	3
6	2.8889	23	2.3333	6	0.5556	30
7	4.7143	33	4.4286	33	0.2857	26
8	3.5000	28	3.1250	26	0.3750	27.5
9	2.8750	21.5	2.1250	2	0.7500	32
10	2.5556	10	2.4444	11	0.1111	17.5
11	2.4444	8	2.3333	6	0.1111	17.5
12	1.7778	2	2.3333	6	-0.5556	2
13	2.7778	20	2.7778	20	0.0	14.5
14	2.5000	9	2.3750	9	0.1250	20
15	2.7500	17	2.2500	3	0.500	29
16	3.0000	24	3.0000	24.5	0.0	14.5
17	2.7500	17	2.5000	12.5	0.2500	24.5
18	3.1250	25	3.2500	28	-0.1250	11
19	3.4286	27	3.2857	29	0.1429	22.5
20	3.6250	29	4.0000	31.5	-0.3750	4.5
21	2.4286	6.5	2.2857	4	0.1429	22.5
22	2.7500	17	2.3750	9	0.3750	27.5
23	2.6250	13	2.8750	21.5	-0.2500	8.5
24	3.7500	31	4.000	31.5	-0.2500	8.5
25	3.3750	26	2.7500	19	0.6250	31
26	2.7500	17	2.6250	16.5	0.1250	20
27	3.8750	32	3.8750	30	0.0	14.5
28	2.6250	13	2.3750	9	0.2500	24.5
29	2.5714	11	2.5714	15	0.0	14.5
30	2.8750	21.5	3.0000	24.5	-0.1250	11
31	2.4286	6.5	2.7143	18	-0.2857	7
32	2.2500	5	2.6250	16.5	-0.3750	4.5
33	2.7500	17	2.8750	21.5	-0.1250	11

TABLE II

Competency Rankings by Nursing Home Administrators

Skills	Importance		Current Skill		Discrepancy	
	Mean	Rank	Mean	Rank	Mean	Rank
1	2.2857	3	2.2857	2	0.0000	18.5
2	4.0000	31.5	3.3750	25.5	0.6250	32
3	3.0000	17	3.3750	25.5	-0.7500	1
4	2.5000	7	2.7500	13	-0.2500	8.5
5	2.3750	4.5	2.8750	17.5	-0.5000	3
6	2.5000	7	2.6250	9.5	-0.1250	13
7	4.7500	33	5.0000	33	-0.2500	8.5
8	3.7500	29.5	3.7500	29	0.0	18.5
9	3.1429	21.5	2.5714	8	0.5714	30.5
10	2.6250	10	2.8750	17.5	-0.2500	8.5
11	2.7500	12	2.7500	13	0.0	18.5
12	1.6250	1	1.7500	1	-0.1250	13
13	2.6250	10	2.8750	17.5	-0.2500	8.5
14	2.2500	2	2.3750	3.5	-0.1250	13
15	2.8750	14	3.0000	21	-0.1250	13
16	3.0000	17	3.0000	21	0.0	18.5
17	3.1250	19.5	2.8750	17.5	0.2500	24
18	3.5000	26	3.8333	30.5	-0.3333	4.5
19	3.5000	26	3.8750	32	-0.3750	6
20	3.5000	26	3.8333	30.5	-0.3333	4.5
21	2.5000	7	2.5000	6	0.0	18.5
22	2.8750	14	2.6250	9.5	0.2500	24
23	3.7500	29.5	3.2500	24	0.5000	28.5
24	4.0000	31.5	2.8333	15	1.1667	33
25	3.0000	17	2.5000	6	0.5000	28.5
26	3.3750	23.5	3.5000	27.5	-0.1250	13
27	3.5714	28	3.0000	21	0.5714	30.5
28	2.3750	4.5	2.3750	3.5	0.0	18.5
29	2.6250	10	2.5000	6	0.1250	22
30	2.8750	14	3.5000	27.5	-0.6250	2
31	3.1429	21.5	2.7143	11	0.4286	27
32	3.1250	19.5	2.7500	13	0.3750	26
33	3.3750	23.5	3.1250	23	0.2500	24

TABLE III

Results of t Tests Between Training Coordinators and Administrators

Skills	Mean Score for Training Training Coordinator	Mean Score for Administrator
1	2.6250	2.2857
2	3.6667	4.0000
3	2.2222	3.0000
4	2.2222	2.5000
5	1.6667	2.3750
6	2.8889	2.5000
7	4.7143	4.7500
8	3.4444	3.7500
9	3.0000	3.2500
10	2.5556	2.6250
11	2.4444	2.7500
12	1.7778	1.6250
13	2.7778	2.6250
14	2.5556	2.2500
15	2.8889	2.8750
16	3.0000	3.0000
17	2.7778	3.1250
18	3.2222	3.5000
19	3.3750	3.5000
20	3.4444	3.5000
21	2.2500	2.5000
22	2.7500	2.8750
23	2.6250	3.7500*
24	3.6000	4.0000
25	3.3750	3.0000
26	2.7500	3.3750
27	3.8750	3.5714
28	2.6250	2.3750
29	2.3750	2.6250
30	2.8750	2.8750
31	2.4286	3.1429
32	2.2500	3.1250
33	2.7500	3.3750

*p = .016

*p = .061

Objective 3: To design curriculum guidelines to meet the needs and requirements for a nursing home training coordinator.

Based on the competencies identified through the Delphi study conducted under Objective 2, a pilot curriculum was developed. The faculty of the Gerontology Services Administration Program developed a certificate program to meet the needs of training coordinators.

Excerpts from a brochure advertising this program serve to describe the certificate requirements:

Academic study including practicum experience is part of the new, vital, and expanding field of gerontology. Because the senior community is growing in size and energy potential, it is necessary to encourage and assist this segment of the population in realizing its full potential. The Gerontology Services Administration (School of Allied Health Sciences, University of Texas Health Science Center at Dallas) offers professional and academic training through two tracks: Administration of Long Term Care Facilities, and Social Services of State and Federal Programs. In conjunction with the Texas Education Agency, GSA offers professional instruction in education and gerontology for training coordinators in long term care facilities. This opens a creative new vista in the career development of those who will become leaders of this newly defined unit of the health care team. GSA's goal is to educate persons working within the field of gerontology to have a background in all aspects of academic gerontology, to have an appreciation for human dignity throughout the life continuum, and to have a commitment to continued learning. The science of gerontology and the art of professional care are developing from a promising embryo. Join our growth and accomplishments.

Certificate Program. The Certificate in Gerontology is designed for individuals who wish to acquire a background in the field of aging, but do not desire a degree. A certificate is awarded upon completion of fifteen semester hours of regular course work offered through the Gerontology Services Administration Program. The Certificate in Gerontology may be used to complement another area of study for students and professionals who wish to expand their knowledge base in order to work with an older population. Certificate applicants may wish to broaden their career choices or to respond to changes in their organization's services or clientele.

In cooperation with the Texas Education Agency, a certificate program will be offered in 1980 to those serving as training coordinators or those interested in becoming training coordinators in long term care. The curriculum will include these components:

Adult Education Methods. The scope of this course is the technical and applied principles of instructing adults.

Appropriate communication levels, means of communicating information, and assessing the needs of the adult will be addressed. From this base, the trainer will be able to deliver the information in an effective manner.

Psycho-Social Aspects of Aging. This course will include the relationships between aging and the individual functioning in society, behavioral principles, and the effects of cultural pressures. Theories and practical considerations in health care delivery will be introduced.

Interdisciplinary Approach to Resident Care. The cooperating efforts of all members of the health care team shall be defined and shown in perspective. Each skill area will be discussed in itself and as a part of the whole. A team approach to problem solving will provide the basic framework in identifying patient management techniques.

Management and Administration of Long Term Care Facilities. The management, administration, and organization of long term care facilities, the overall structure of the facility, its relationship to other health-related facilities and community services, philosophies of administration in long term care, the role of the administrator and organizational principles of the long term care facility will be included.

Other certificate programs provide courses in social, psychological, and economic aspects of aging, as well as the administration and delivery of services for the institutionalized and non-institutionalized elderly. Within the School of Allied Health Sciences, additional courses in nutrition, biomedical ethnics, medical terminology, and other related allied health sciences are possible choices.

The Gerontology Services Administration program offers a Bachelor of Science degree in aging, with graduates prepared for jobs in long term care facilities or social service agencies. The department is also involved in ongoing gerontological research projects, continuing education, community services, and gerontological consultation. The philosophy of the program centers on the ideal of providing job-relevant education to persons preparing to work directly with older adults.

By utilizing the certificate program format, the project could respond to the need for education of training coordinators immediately. All of the courses, except one, were current courses within the GSA program. One new course, described above as Adult Education Methods, was designed and approval of the university for offering the class was obtained. Students currently enrolled in the GSA program could enroll in the class. Applicants for the certificate program could be admitted as special students for the fifteen required hours.

Recruitment of students for the Training Coordinator certificate program occurred during November and December. Brochures describing the program were sent to all nursing homes and hospitals in the eight county area surrounding Dallas (Dallas, Tarrant, Denton, Collin, Rockwall, Kaufman, Ellis, and Johnson). News releases were sent to the local registered nurses and licensure vocational nurses association bulletins. Project staff presented information to a number of local meetings of nursing home administrators or training coordinators.

Over fifty persons called concerning the certificate program. Of these, the inquiries fell into the three major groups of:

- (1) not interested after being given further information
- (2) preferred continuing education or non-university credit courses
- (3) applicants.

From this recruitment procedure, thirteen students began the certificate program with the initial course. Further details concerning the course are included under Objective 4.

Objective 4: To conduct a pilot course of study which will enable participants to perform effectively as nursing home training coordinators.

In the fall of 1979, the curriculum committee of the School of Allied Health Sciences, University of Texas Health Science Center at Dallas, approved the adult education methods course described under Objective 3. The title was changed to "Inservice Coordination in Health Care Settings." Three of the project staff team taught the class during the spring semester.

Based upon the skills identified under Objective 2, the course outline, which follows, was designed.

The content included such topics as staff development issues, motivation, teaching methods, planning and evaluation. Each weekly session was planned to present an overview of a relevant topic. Students were asked to comment and critique content areas for relevancy to the role of a training coordinator. These comments were then incorporated into the design of the training manual produced under Objective 5.

A total of 14 students were enrolled in the spring semester, 1980 for the course titled "Inservice Coordination in Health Care Setting." The professional breakdown of the students is as follows:

Current Role	N
Nursing Home Administrator	2
Inservice Director	2
RN	2
LVN	5
Maintenance Engineer	1
Speech Therapist	1
Gerontology Services Administration	1
Matriculated Student	

Of these fourteen, four students dropped the class for personal reasons. The remaining ten completed the class and received credit. Of these ten, however, only one remained in the certificate program. One of the ten was already a student in the GSA program, three elected to enter the baccalaureate program, two had baccalaureate degrees, and three decided that the the university level was inappropriate to their needs.

With these outcomes the project staff recommended to the GSA faculty that a certificate such as this one may not be the appropriate level of education for nursing home training coordinators. But since the program

is committed to education for this job role, the following alternatives have been adopted:

- (1) Continuing education will be offered on a workshop basis throughout the 1980-81 school year.
- (2) An optional minor course of study (12 semester hours plus practicum) in Allied Health Education for GSA baccalaureate students will be added to the program.

GSA 4323

Spring, 1980

Course Guide

COURSE TITLE: Inservice Coordination in Health Care Setting
GSA 4323

INSTRUCTOR: Nora S. Ernst
Helen L. West
Sandra S. Garrett

STUDENT REQUIREMENT:

Each week students will be asked to complete an assignment relating to the material presented in class. These assignments will be practice oriented and could be incorporated into current inservice programs.

The final examination will be an individual presentation of a short inservice activity. Each student will be asked to write the educational plan and then present the activity at a prearranged time. The activity will be videotaped in order that the student can critique her own presentation. Further directions for this project will be given during class.

Student grades will be based on the weekly assignments, the final examination, and class participation. Individual growth of students, as well as comprehension and performance in the areas presented in class, will be considered in the grades.

EVALUATION:

Since this class is funded under a Texas Education Agency curriculum development grant, each class session will be evaluated. These evaluations will allow the instructors to finalize the materials used in the class for use by other inservice coordinators and to ensure that content is relevant to the job of inservice coordinators.

CLASS MATERIALS/TEXTBOOK:

The textbook or instructional materials used in class will be given to the students as the class progresses. Student comments, suggestions, criticisms on any of the materials will be appreciated in order that the material can be revised for future use.

Class Outline

- Jan. 14 Concept of continuing education and staff development -
Senate Bill 9 - Goal statement.
- Jan. 21 Basic concepts of inservice education - adult learning,
Maslow's hierarchy of needs - characteristics of an
effective teacher.
- Jan. 28 Needs assessment, learner objectives, planning for learn-
ing with mixed groups, feedback.
- Feb. 4 Theories of learning.
- Feb. 11 Demonstration and on-the-job training.
- Feb. 18 Lecture
- Feb. 25 Small group discussion - questioning.
- March 3 Values and attitudes.
- March 10 Simulations and learning games.
- March 17 Role play.
- March 24 Individualized learning/teaching.
- March 31 Remediation and reinforcement.
- April 7 Spring Break - No Class
- April 14 Using media for instruction - locating resources.
- April 21 Evaluating media,
guest lectures, panel discussion.
- April 28 Evaluating instruction, student feedback.
- May 5 Review and course evaluation.

Final examination to be scheduled with instructor.

Objective 5: To design a training manual which will enable other educational institutions to replicate the curriculum developed for nursing home training coordinators.

A training coordinator's manual was produced by project staff. For utilitarian purposes it is printed as a separate volume from this report.

Project staff conducted an intensive search for available materials for inclusion in the manual. Although many resources are available in education, staff development, and aging, few sources deal with health care settings. The majority of the education materials deal with learners who are children while staff development is very business oriented. Aging materials tend to center on the processes and problems of aging. No resource was located that dealt directly with staff development or inservice in a nursing home setting. Therefore, project staff rewrote and adapted sources from other fields to fit this job role.

The manual is designed to be a simple, practical guide for training coordinators. The survey (Objective 1) indicated that current training coordinators have little or no educational knowledge. Therefore, the manual contains basic educational methodology illustrated with true to-life examples. For further information, a resource bibliography is included.

It is anticipated that this manual will be used by project staff in subsequent credit and continuing education course offerings. Additionally, it will be distributed to nursing home coordinators, upon request, as long as funds permit. Project staff also feel that it may eventually lead to several publications either in journal or book format.

Objective 6: To coordinate the activities needed to implement the pilot courses into the university offerings as a permanent course of study leading to a certificate.

Based on the results of the needs assessment and pilot course, a minor for gerontology students in Allied Health Education has been developed and approved (See description). This is now an on-going option for students.

Allied Health Education Minor

A number employment opportunities within the field of gerontology require both gerontology and educational expertise. Currently, every nursing home in the state of Texas is required to have a training coordinator. This person implements training for all employees within the home. Additionally, other agencies are involved in many educational activities such as community workshops, staff development, and programs for the elderly.

With this in mind, it is suggested that gerontology students wishing to pursue careers in similar areas complete a minor field of study in allied health education. The minor would require 12 hours of coursework in allied health education as well as an integrated practicum experience.

The following would apply:

1. Twelve hours of Allied Health Education coursework are required. Six hours would complete the basic elective requirements for Gerontology Services Administration, and an additional six beyond would be required.
2. The following courses are required:
 - AHE 3394 Multi-Media Instruction
 - AHE 4394 General Teaching Laboratory
 - AHE 3391 Instructional Systems Theory
 - AHE 3392 Educational Psychology — Non majors course
3. A minimum of a C is required in all AHE courses, which apply toward a minor.
4. Within the practicum required by GSA, the student would be required to participate in educational activities on site. These activities would be pre-determined by the student, faculty advisor and clinical supervisor.

Specific Results Produced

The major products of this study are the curriculum guidelines and inservice training resource manual. The curriculum guidelines are included in Section III of this report. The resource manual is bound separately.

Potential Utilization of Results

The personnel of the project are currently pursuing several future areas for dissemination of the results. These are:

- (1) Continuing education programs for nursing home employees concerning the development of inservice.
- (2) Publication in professional journals of the needs assessment data and the curriculum guidelines. These papers have been accepted by the Gerontological Society for presentation at the annual meeting in November 1980.
- (3) Publication of the resource manual in book form or a series of articles in journal form.
- (4) Presentation of findings to the Texas State Department of Health, Bureau of Long Term Care and the two Texas Nursing Home Associations, TAHA and TNHA.

Conclusion

This project explored the new job roles of nursing home inservice coordinator. Through the process of a needs assessment based on survey questionnaires and Delphi methodology, essential job competencies were identified. Curriculum guidelines relating to these specific competencies were then written. A pilot course was developed and taught in the areas of the highest identified need. Although, it was originally conceptualized that the course of study would result in a twelve semester hour certificate, formal adoption of a minor resulted from the pilot course evaluation.

Appendix

1. Delphi Questionnaires



TRAINING COORDINATOR
SURVEY

University of Texas Health Science Center
School of Allied Health
Gerontological Services Administration

List the ten (10) most important job abilities needed by training coordinators.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

The salary range for training coordinators in your institution is:



TRAINING COORDINATOR
SURVEY

University of Texas Health Science Center
School of Allied Health
Gerontological Services Administration

This survey is designed to determine those skills and abilities most needed by nursing home training coordinators. Listed on the next two pages is a series of statements describing a number of abilities. If you feel this list is incomplete, please add to the bottom of the list.

Please complete this survey in the following manner:

1. Read through the entire list.
2. In the column marked Not Applicable, place a check (✓) if you feel that particular skill is not needed by a training coordinator.
3. Add any skills you feel are needed, but not included, to the bottom of the list.
4. Choose the three skills most important for training coordinators; place a "1" in the space next to those competencies in the column marked Important. Choose the three skills least important for training coordinators; place a "5" in the space next to these competencies in the column marked Important. Choose the next four most important of the remaining competencies and mark them "2". Choose the next four least important of the remaining competencies and mark them "4". Place a "3" in the remaining spaces under Importance.
5. Think about the skills and abilities of the training coordinator in your home in regard to the ones listed. Choose three skills which you feel describe their best abilities; in the column marked Current, place a "1" next to these competencies. Now choose the three which you feel may be their weakest; place a "5" next to these skills. Then choose the next four best and next four weakest; mark these with a "2" and "4" respectively. Place a "3" in the remaining spaces under Current.

Please check the appropriate space:

I am a () training coordinator.

() administrator.

Not Applicable	Important	Current
-------------------	-----------	---------

SKILLS

- | | | | |
|-----|-----|-----|---|
| ___ | ___ | ___ | 1. Knowledge of psychological aspects of aging. |
| ___ | ___ | ___ | 2. Familiarity with different types and levels of long term care facilities. |
| ___ | ___ | ___ | 3. Knowledge of adult education learning principles. |
| ___ | ___ | ___ | 4. Familiarity with different departments and services available within the facility. |
| ___ | ___ | ___ | 5. Knowledge of state and federal regulations pertaining to training within the facility. |
| ___ | ___ | ___ | 6. Ability to comply with state and federal regulations pertaining to training. |
| ___ | ___ | ___ | 7. Knowledge of budgeting procedures. |
| ___ | ___ | ___ | 8. Ability to monitor group processes. |
| ___ | ___ | ___ | 9. Ability to be sensitive to patient needs. |
| ___ | ___ | ___ | 10. Knowledge of documentation and record keeping procedures. |
| ___ | ___ | ___ | 11. Ability to teach on levels appropriate to different levels of staff. |
| ___ | ___ | ___ | 12. Ability to plan and coordinate training programs. |
| ___ | ___ | ___ | 13. Ability to maintain rapport with staff to help the execution of the program. |
| ___ | ___ | ___ | 14. Ability to outline and organize a program. |
| ___ | ___ | ___ | 15. Ability to exercise leadership. |
| ___ | ___ | ___ | 16. Ability to set guidelines for a training procedure. |
| ___ | ___ | ___ | 17. Ability to set up program that offers flexibility where change is necessary. |
| ___ | ___ | ___ | 18. Use of time management and prioritization skills. |
| ___ | ___ | ___ | 19. Ability to allow feedback between the employee, company, and state agency. |
| ___ | ___ | ___ | 20. Development of a method to measure progress. |

Not Applicable	Important	Current	
—	—	—	21. Ability to evaluate a program and allow for planning and change resulting in a more effective program.
—	—	—	22. Ability to use varying teaching methods and materials in presenting training.
—	—	—	23. Ability to evaluate job performance.
—	—	—	24. Experience in health care facility as licensed nurse.
—	—	—	25. Ability to organize and schedule activities.
—	—	—	26. Ability to constructively criticize without offending individuals.
—	—	—	27. Knowledge of geriatric diseases and treatment.
—	—	—	28. Ability to work with administration and the director of nursing.
—	—	—	29. A knowledge of available resources for training various staff members.
—	—	—	30. Ability to formulate training goals.
—	—	—	31. Knowledge of or ability to perform in the areas of training (skills checklist).
—	—	—	32. Ability to diagnose training needs of staff to improve facilities.
—	—	—	33. Ability to develop training to meet identified staff needs.

ADDITIONAL SKILLS

—	—	—	34.
—	—	—	35.
—	—	—	36.

**A Comprehensive Model
for the Development of
Training Coordinators**

State of the Field Survey Results

The Training Coordinator Survey was designed to assess the current state of the role of nursing home training coordinators currently employed in the state of Texas. This assessment would provide information concerning the future educational needs of these employees and would assist the researchers in development of curriculum to meet the training needs of these coordinators.

In September, 1979, 906 surveys were mailed to representatives of every nursing home in Texas, using the Directory of Nursing and Custodial Care Homes in Texas, 1979, published by the Texas Department of Health, Quality Standards Division. The instrument, the Training Coordinator Survey (Appendix) was designed to elicit information which would allow the researchers to compile a profile of current training coordinators. The instrument, consisting of mostly forced-choice items, identified educational background, scope and variety of functions of the coordinator, size of facility(s) served, methods of presentation used in training, and important resources available. A total of 271 surveys were returned, giving a response rate of 29.9%. Many respondents were training coordinators for more than one facility, and a total of 514 homes, or more than 50% of all homes in Texas, are represented by this survey.

In looking at Table I, it is evident that a very even distribution of respondents had educational background of Licensed Vocational Nurse, Registered Nurse, or a Bachelors Degree in some field. A total of 23 different fields were listed from which degrees had been granted, but the most common of these were a B.A. or B.S. in Nursing or Nursing Education, Education, Home Economics, and Social Science. If the totals of LVN's, RN's, and those with a Bachelors degree in nursing are examined, approximately 67.5% of the respondents have some nursing background. This appears to be the common occurrence in many nursing homes, and may reflect the practice of appointing someone within the home who is willing to take on the job. In the "other" category, 27.3% of the 44 respondents held a Masters Degree, in areas ranging from Social Science to Gerontology to Nursing. Twenty-five individuals or 56.8% were licensed nursing home administrators.

Tables II-III shows the frequency and kind of training, if any, coordinators had attended which was directly related to their position as training coordinator. A large group of almost 40% had received no training specifically directed to their position. Others had attended workshops, and various combinations of training shown in Table III. This finding again reflects inadequate preparation of most training coordinators who are pulled from some other field and receive no guidance in the area of

adult learning, teaching techniques, or other skills expected of the training coordinator. It is not that they are uneducated; quite the contrary is obvious. But, certain skills in teaching and educational development are needed to focus their previous skills into the new position of training coordinator.

The respondents were then asked to identify topics which had been presented in the various educational experiences. As seen in Table IV, 21.4% had attended some training offered by the Department of Health. In the "other" category, many had attended training offered by one of the Nursing Home Associations in Texas. In addition the respondents had attended educational events aimed at training coordinators on a myriad of other topics. The list of a sample of these topics is included to emphasize the number of topics which come under the responsibility of the training coordinators, either to teach them or to organize sessions to cover the material with films, consultants, or other means. However, the trainer is expected to have at least a working knowledge of a multitude of topical areas in long term care.

SAMPLE OF TOPICS LISTED AS COVERED IN PREVIOUS TRAINING DESIGNED FOR TRAINING COORDINATORS

Philosophy of Inservice	Knowledge of Aging Process
Planning Process	Cardiopulmonary Resuscitation
Communication	Legal Aspects of Labor Law
Curriculum Development	Scheduling Problems in Inservice
Needs Assessment	Human Relations
Evaluation	Patient Rights
Content Selection	Feeding/Bathing/Activities of Daily Living
Use of Resources	Patient Assessment
Teaching Methods	Pharmacy
Teaching Adults	Skin Care
Family Relationships	Total Patient Care
Goal Directed Therapy	Alcohol and Drug Abuse
Record Keeping/Documentation	Oral Hygiene
Audio-Visual Resources	Accident Prevention
Orientation & Skills Training	Fire Safety
Regulations	Vital Signs
Personnel Management for Nurses	Death & Dying
Motivation	Infection Control

Information was also gathered concerning the number of homes served by each training coordinator. As shown in Table V, 66.4% serve only one facility, and 11.4% serve five or more facilities. Those who serve several nursing homes are likely to work for a chain of profit homes or act as a training consultant to several homes.

Table VI examines the number of hours per week respondents spend as training coordinator in one nursing home. A large percentage spend less than one day per week, and only 14.7% spend up to 40 hours per week in this capacity. If one looks to Table VII, and examines the majority of respondents who carry additional responsibility beyond their training duties, it becomes clear that few have time available to work full-time as a training coordinator. The reader may ask if 1-8 hours per week is adequate time for carrying out the many duties of training-planning, teaching, recordkeeping, etc. It appears then that most trainers must use many outside resources in addition to their own time to meet training needs.

In Table VII it is interesting to note that close to one-fifth of the respondents carry the additional role of active nurse in the facility with many adding comments that they functioned as charge nurse much of the time. In the "other" category, 28 individuals indicated they were also acting as RN consultant, and 22 were designated Assistant Directors of Nursing. Among other additional duties which training coordinators assumed were bookkeeper, dietary supervisor, personnel director, medical records, and others. This appears to again reflect the practice of appointing a present employee to the position of training coordinator, with the duties therein only added to those of their present position.

A strong inconsistency in the data so far discussed becomes evident when examining Table VII. As shown, almost 72% of respondents indicated that they conduct the majority of training themselves. In previous tables it is shown that most spent less than two days per week, and 40% less than one day per week in their role as trainer. Knowledge of the state regulations regarding training and previous experience lead the researchers to question the feasibility of doing most training on one's own in eight to sixteen hours per week. Perhaps the respondents underestimate the amount of time actually spent on training responsibilities since these duties may be interspersed with other job responsibilities. It may also be that the trainers' perceive their position as mainly coordinating others who conduct the training, and this responsibility only takes a few hours per week; however, most indicated that they conduct most sessions by themselves.

One factor in the amount of hours spent in training is the rate of employee turnover. The more new employees in the facility, the more training must be done to assure compliance with state regulations concerning orientation. It may be that a sampling bias occurred in this study with respondents representing homes with below normal turnover rates, thereby accounting for the low number of hours which coordinators indicate they spend in training. (See Table IX)

In addition to conducting or teaching, the training coordinator must perform certain activities to assure the quality of sessions. In Table X, the figures indicate that a large majority spend additional time in organization of training sessions, monitoring sessions, keeping records of employee participation, and in locating various resources. In the "other" category, respondents listed a variety of activities in which

they as training coordinators are engaged. These activities include evaluation, development of audio-visuals, recruitment and screening of employees, fire drills, and time spent observing skills to meet requirements of skills checklist. These additional duties again point to the improbability of most trainers spending as few as 8 hours per week in that capacity. Much time is needed to competently prepare curriculum plans, review resources (books, handouts, audio-visuals, etc.), conduct training, and evaluate performance.

From examination of Table XI, it appears that most training coordinators use a variety of methods of presentation in classes. The majority use the most common methods of lecture, demonstration, discussion, and various audio-visuals. In addition, respondents indicated that they use role-play, manuals, guest speakers/panels, games or simulations, charts and posters, case studies, along with other methods. The most common training method listed in addition to those in Table XI was that of return demonstration or on-the-job-training. This is clearly one of the most applicable in teaching areas such as nursing skills, maintenance skills, and other common health care related skills.

The survey also addressed the issue of the location of training in nursing homes. As shown in Table XII, most training is conducted in the facility where the trainer is employed. In the "other" category, on training done outside the home, the community college or a central training facility for a chain were the most common responses. In one instance, two nursing homes who share a common trainer hold the sessions on an alternating basis in both nursing homes. This allows for the sharing of equipment, and materials, as well as the opportunity for the exchange of ideas between personnel from both facilities.

In addition to overall location, those who conduct training in the home were asked to indicate where in the facility training takes place. It becomes evident from their responses that most must use whatever space is available and few have specific rooms designated as training or classrooms. One respondent replied, "I have held class everywhere except a closet. On second thought, I have held it in the linen room." Locations listed included conference room, dining room, activities room, lounge, sun room, chapel, classroom, and on-the-floor. This lack of space available may indicate the lack of support, both philosophical and financial, given to many training programs. It also contributes to an environment not always conducive to learning, particularly when training is held in areas of the home where residents, visitors, or other employees can easily disturb the training sessions.

A large section of the survey was devoted to gaining information about the kinds of resources (other than materials) used most often by training coordinators. Table XIII presents data concerning the use of outside resources and the frequency in which they are used. As shown, the most frequently used resource is the RN consultant, an expected finding considering the percentage of training devoted to nursing skills. In addition, the dietician consultant is also frequently used, as well

as the pharmacist. This is to be expected since most smaller nursing homes do not have a full-time in-house dietician or pharmacist, and some very small homes may only employ an RN on a consultant basis. Coordinators also identified the fire department as a frequently used community resource in the area of fire safety education. Local clergy were also cited as a frequent resource. It appears that most coordinators have developed some expertise in the identification and use of resources within the community which are not available within the facility, and perhaps see this as a means to reduce the amount of time they must spend on teaching these topics themselves.

Training coordinators were also asked to identify resources within the home which they used and the frequency of their use. Table XIV presents data on in-house resources and it appears that most departments in the facility are called on frequently to contribute to the training effort. Again it is evident that nursing staff is used very frequently, with 50% of the nursing resources used at least once per week. These high numbers may indicate the vast amount of time spent by nursing supervisors in on-the-job-training rather than in actual classroom teaching.

In another section of the survey, the trainers were asked to identify (1) the resources or areas most important for performing as a training coordinator and (2) the resources they feel are most valuable to them as training coordinator; (A summary of these open-ended responses appears on the following pages). In response to the first item, a long list of various areas are listed. Some of those listed most often included demonstrations and teaching by various departmental staff, knowledge in the use of audio-visuals, good communication skills, a background in health related field or education, and the ability to present well organized training sessions. These skills or areas of performance present the figure of the trainer as a person with global abilities which can be brought to the coordinator position to make it an effective tool for organizing and presenting educational efforts.

When asked to identify their most valuable resources for training, the trainers again identified a long list of options. Overwhelmingly the respondents identified the use of consultants which only validates information presented in Table XIII which show the frequency in which outside consultants are used. In addition a large number indicated audio-visuals as their most valuable resource, as well as training manuals and their own staff. Overall, it appears that coordinators use a variety of resources in training efforts. This variety should lend itself to training sessions which are stimulating and interesting in presentation and content.

MOST VALUABLE RESOURCES FOR TRAINING

Consultants & Area Resource Persons (RN's, Clergy, Health Department, etc.)	
Audio-visuals	Textbooks in Nursing
Nursing Journals	Chemical Labs
Training Manuals	Demonstrations
Staff	Role-Play
Community College or University	Workshops
Library	State Regulations/Health Department
Blackboard/Flip Chart	State/National Associations
On the Job Training	Private Materials Collection
Procedures Manuals	Residents
Experience	Lectures
Group Discussions	Lesson Plans
"Geriatric Care" - Monthly	Good Team Support
Publication	Good Budget
Other Training Directors	Aging Agencies
Books/Manuals from Home Office	Educational Atmosphere
Commercial Companies	Good Equipment

RESOURCES OR AREAS MOST IMPORTANT FOR PERFORMING AS A
TRAINING COORDINATOR

Assessor of Needs	Administrative Support
Link Agent - Between Staff/Training	Commercial Drug Company Materials
Expert on Resources	Recordkeeping Skills
Translator of Knowledge (Making	Residents
Simple to Understand)	Training Books Provided by Home
Motivator	Office
Ability to Teach with Interest	Instruction in Preparing in Lesson
Knowledge of Standards	Plans
Knowledge of Company Policies	Use of Audio-visuals
Professional Publications	Consultants
Seminars	Role-playing Activities
Personnel from Other Facilities	Good Teaching Manuals
Gerontological Films	Enjoy Teaching
Well Organized Training	Patience
Demonstrations/Teaching by	Keeping "current"
Department's Staff	Private Training Area
Knowledge of Basic Material	A University Close by
Experience	Gerontological Background
Communication Skills	College Courses Related to Field
Concepts of Adult Education	Evaluation Skills
Time to Plan	Group Discussion Skills
Supportive Staff	Good Resource Library
National/State Agencies or	Good Equipment
Associations	Flexibility
Background in Education, or	Adequate Budget
Health/Nursing/Medical	Adequate Time to Do Follow-up

A final section of the survey was directed to a profile of the facilities in which the training coordinators are employed. As shown in Table XV, the majority of respondents represent for-profit nursing facilities. This is representative of the nursing homes in the state, with a clear majority of for-profit facilities, with few numbers of non-profit homes (usually religious sponsored or benevolent agency sponsored).

Table XVI presents data concerning the size of facilities represented by the respondents. As shown the largest percentage fall within the 51-150 bed range. Very few nursing homes are as large as 200 beds or more, and very few were as small as 50 beds or less.

The majority of respondents represent facilities which provide nursing care, with few providing only custodial level care. This breakdown mirrors the proportion of nursing and custodial homes throughout the state. The majority of respondents in this study also represented areas that were not major metropolitan centers, which also is a function of the settlement patterns in the state.

Appendix A

1. Tables of Results
2. Survey Questionnaire

Table I
Educational Background

Education	Frequency	Percent
LVN	76	28.04
RN	78	28.78
B.A. or B.S.	73	26.94
Other	44	16.24

Table II
Previous Training for Coordinators - Individual

Previous Training	Frequency	Percent
Community College Course	5	1.85
Workshop	63	23.25
Lectures	10	3.69
Health Department Consultation	7	2.58
Other	9	3.32
No Previous Training	106	39.11

Table III
Previous Training for Coordinators - Combinations

Combinations of Previous Training	Frequency	Percent
Community College Course & Workshop	8	2.95
Community College Course & Lectures	1	.37
Community College Course & Health Dept. Consultation	2	.74
Workshop & Lectures	21	7.75
Workshop & Health Dept. Consultation	25	9.23
Workshop & Other	4	1.48
Lectures & Health Dept. Consultation	4	1.48
Lectures & Other	2	.74

Table IV
Topics Presented in Previous Programs Attended

Topics	Frequency	Percent
Health Department Program	58	21.40
Other	87	32.10
No Response	126	46.50

Table V
Nursing Homes Served As Training Coordinator

Number Served	Frequency	Percent
1	180	66.42
2	36	13.28
3	11	4.06
4	12	4.43
5	13	4.78
6	9	3.32
7	9	3.32
No Response	1	.37

Table VI
Hours Per Week Spent as Coordinator (1 Home)

Number of Hours	Frequency	Percent
1 - 8 (1 Day or Less)	111	40.96
9 - 16	45	16.61
17 - 24	44	16.24
25 - 32	10	3.69
33 - 40	40	14.76
No Response	7	2.58
Inappropriate Response	14	5.16

44

Table VII
Additional Responsibilities beyond Training Coordinator

Responsibilities	Frequency	Percent
None (other than training coord.)	88	32.47
Administrator	5	1.85
Assistant Administrator	37	13.65
Nurse (LVN or RN)	58	21.40
Activities Director	3	1.11
Other	78	28.78
No Response	2	.74

Table VIII
Self-Conducted Training Sessions

Self-Conducted	Frequency	Percent
Yes	195	71.96
No	73	26.94
No Response	3	1.10

Table IX
Hours Spent in Actual Training

Hours	Frequency	Percent
1 - 8 (1 day or less)	111	40.96
9 - 16	66	24.35
17 - 24	28	10.33
25 - 32	18	6.64
33 - 40	10	3.69
No Response	38	14.02

Table X
Other Activities Performed as Training Coordinator

Activities	Yes Number of Resp.	Percent	No	Percent	No Response	Percent
Organizing Sessions	242	89.30	25	9.23	4	1.48
Monitoring Sessions	189	69.74	78	28.78	4	1.48
Keeping Records on Participants	246	90.78	22	8.12	3	1.11
Locating Resources	232	85.61	35	12.92	4	1.48
Other	9	14.39	216	79.71	16	5.90

Table XI
Methods of Presentation

Method	Number Yes	Percent	No	Percent	No Response	Percent
Lecture	223	82.29	48	17.71	—	—
Demonstration	209	77.12	56	20.66	6	2.21
Small-Group Discussion	166	61.26	99	36.53	6	2.21
Audiovisual	203	74.91	61	22.51	7	2.58
Other	30	11.07	227	83.76	14	5.17

Table XII
Location of Training

Location	Frequency	Percent
In Nursing Home	252	92.99
Other Location	11	4.06
No Response	8	2.95

Table XIII
Outside Resources Used in Training

Resource	Each Week		Once Per Month		Several Times A Year		Once Per Year		No Response	
	Freq.	Per.	Freq.	Per.	Freq.	Per.	Freq.	Per.	Freq.	Per.
Community College Courses	6	2.21	2	.74	30	11.07	5	1.85	228	84.13
LVN Consultant	4	1.48	2	.74	16	5.90	2	.74	247	91.14
RN Consultant	17	6.27	29	10.70	47	17.34	10	3.69	168	61.99
Physical Therapist	3	1.11	6	2.21	56	20.66	45	16.61	161	59.41
Health Dept. Consultation	1	.37	3	1.11	54	19.93	31	11.44	182	67.16
Physician	4	1.48	6	2.21	48	17.71	25	9.23	188	69.32
Clergy	7	2.58	4	1.48	25	9.23	20	7.38	215	79.34
Pharmacist	4	1.48	36	13.28	70	25.83	32	11.81	129	47.60
Dietician Consultant	9	3.32	73	26.94	105	38.75	18	6.64	66	24.35
Volunteer	5	1.85	5	1.85	31	11.44	9	3.32	221	81.55
Training Corp.	—	—	3	1.11	6	2.21	2	.74	260	95.94
Other	1	.37	2	.74	11	4.06	21	7.75	236	87.09
Fire Department	—	—	10	3.69	65	23.99	71	26.20	125	46.13
Red Cross	1	.37	1	.37	19	7.01	18	6.64	232	85.61
Social Work Consultant	3	1.11	11	4.06	18	6.64	9	3.32	230	84.87
Commission for the Blind	1	.37	1	.37	10	3.69	9	3.32	250	92.25
Commission for the Deaf	—	—	1	.37	6	2.21	8	2.95	256	94.42
Visually Impaired Veterans	—	—	—	—	2	.74	4	1.48	265	97.79
Dentist	1	.37	—	—	24	8.86	62	22.88	184	67.90
Commercial Companies	—	—	8	2.95	73	26.94	20	7.38	170	62.73

Table XIV
Resources Within the Home

Resource	Each		Once Per		Several Times		Once Per		No Response	
	Freq.	Per.	Freq.	Per.	Freq.	Per.	Freq.	Per.	Freq.	Per.
LVN	50	18.45	28	10.33	70	25.83	3	1.11	120	44.28
RN	43	15.87	32	11.81	69	25.46	2	.74	125	46.13
Director of Nurses	44	16.24	42	15.50	108	39.85	5	1.85	72	26.57
Physical Therapist	3	1.11	3	1.11	31	11.44	13	4.80	221	81.56
Head of Housekeeping (Staff)	31	11.44	20	7.38	62	22.88	9	3.32	149	54.98
Maintenance Manager (Staff)	17	6.27	8	2.95	40	14.76	8	2.95	198	73.06
Dietary Staff	38	14.02	25	9.23	71	26.20	8	2.95	129	47.60
Activities Director	28	10.33	18	6.64	79	29.15	29	10.70	117	43.17
Business Office Staff	17	6.27	6	2.21	26	9.59	4	1.48	218	80.44
Administrator	27	9.96	28	10.33	94	34.69	17	6.27	105	38.75
Assistant Administrator	17	6.27	9	3.32	39	14.39	10	3.69	196	72.33

Table XV
Type of Home

Type	Frequency	Percent
Proprietary	231	85.24
Non-Proprietary	24	8.86
Not Determined	16	5.90

Table XVI
Size of Home (Number of Beds)

Size of Facility	Frequency	Percent
1 - 50 beds	36	13.28
51 - 100	85	31.37
101 - 150	89	32.84
151 - 200	18	6.64
200 +	18	6.64
Not Determined	25	9.23

Table XVII
Level of Care in Home

Level of Care	Frequency	Percent
Nursing	219	80.81
Custodial	9	3.32
Combination	18	6.64
Not Determined	25	9.23

Table XVIII
Location of Home

Location	Frequency	Percent
Urban	77	28.41
Rural	172	63.47
Not Determined	22	8.12

SURVEY QUESTIONNAIRE


**TRAINING COORDINATOR
SURVEY**

University of Texas Health Science Center
School of Allied Health
Gerontological Services Administration

Name of Nursing Home _____

Location _____

DIRECTIONS: Please check the response or supply the information to each question that is most appropriate in your job as training coordinator.

1. What is your educational background or training?

- ☐ LVN
☐ RN
☐ B.A. or B.S. in _____
☐ Other. Please explain. _____

2. Have you attended any courses or programs that were especially planned for training coordinators? (Check all that apply)

- ☐ No ☐ Community college course ☐ Health Department consultation
☐ Workshop ☐ Other. Please explain. _____
☐ Lectures

3. Could you briefly describe the topics presented in these programs?

4. How many nursing homes do you serve as training coordinator?

- ☐ 1 ☐ 3 ☐ 5 ☐ more than 6
☐ 2 ☐ 4 ☐ 6

5. How many hours per week do you spend in one home as training coordinator? _____

6. Do you have additional responsibilities in the nursing home beyond training coordinator?

- ☐ No If yes, what? ☐ Administrator ☐ Activities director
☐ Asst. administrator ☐ Other. Please explain.
☐ Nurse (LVN or RN)

7. Do you conduct most of the staff training sessions yourself? ☐ yes ☐ no

8. How many hours per week do you actually spend training staff members? _____
9. What other activities do you perform as training coordinator?
- _____ Organizing sessions _____ Locating resources
 _____ Monitoring sessions _____ Other. Please explain. _____
 _____ Keeping records on participants _____
10. What method of presenting materials is most often used with your staff? (If some are used as frequently as others, check both categories.)
- _____ Lecture _____ Audiovisual
 _____ Demonstration _____ Other. Please explain. _____
 _____ Small-group discussion _____
11. Is the training done in your nursing home or at another location?
- _____ In my nursing home _____ Another location
 _____ Where? _____ By whom? _____
12. What do you feel are some resources or areas which are most important for performing well as a training coordinator? Please list:
1. _____
 2. _____
 3. _____
13. Please list several of your most valuable resources for training?
1. _____
 2. _____
 3. _____
14. Below is a list of people who might conduct staff training sessions. Please check the ones you have used and how often they have conducted a session.

<u>Resources Outside the Home</u>	<u>Each Week</u>	<u>Once Per Month</u>	<u>Several Times a Year</u>	<u>Once a Year</u>
_____ Community college courses	_____	_____	_____	_____
_____ LVN consultant	_____	_____	_____	_____
_____ RN consultant	_____	_____	_____	_____
_____ Physical therapist	_____	_____	_____	_____
_____ Health dept. consultation	_____	_____	_____	_____
_____ Physician	_____	_____	_____	_____
_____ Clergy	_____	_____	_____	_____

<u>Other Outside Consultants</u>	<u>Each Week</u>	<u>Once Per Month</u>	<u>Several Times a Year</u>	<u>Once a Year</u>
____ Pharmacist	_____	_____	_____	_____
____ Dietician consultant	_____	_____	_____	_____
____ Volunteer	_____	_____	_____	_____
____ Training corp.	_____	_____	_____	_____
____ Other. _____	_____	_____	_____	_____
____ Fire department	_____	_____	_____	_____
____ Red cross	_____	_____	_____	_____
____ Social work consultant	_____	_____	_____	_____
____ Commission for the Blind	_____	_____	_____	_____
____ Commission for the Deaf	_____	_____	_____	_____
____ Visually impaired veterans	_____	_____	_____	_____
____ Dentist	_____	_____	_____	_____
____ Commercial companies	_____	_____	_____	_____

Resources Within the Home

____ LVN	_____	_____	_____	_____
____ RN	_____	_____	_____	_____
____ Director of nurses	_____	_____	_____	_____
____ Physical therapist	_____	_____	_____	_____
____ Head of housekeeping (staff)	_____	_____	_____	_____
____ Maintenance manager (staff)	_____	_____	_____	_____
____ Dietary staff	_____	_____	_____	_____
____ Activities director	_____	_____	_____	_____
____ Business office staff	_____	_____	_____	_____
____ Administrator	_____	_____	_____	_____
____ Asst. Administrator	_____	_____	_____	_____
____ Other. _____	_____	_____	_____	_____

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**A Comprehensive Model
For the Development of
Training Coordinators**

Curriculum Guidelines

1. Knowledge of State and Federal Regulations Pertaining to Training within the Facility.

Objective: The student will be able to recognize state regulations governing long term care facilities and to describe the penalties used for non-compliance with these regulations.

Suggested Topics which should be reviewed to meet this objective include the following:

- Medicaid Regulations
- Senate Bill 9 (Texas)
- Skills Check List - Texas Department of Health
- Department of Health Training Manual
- Guidelines for Orientation
- Guidelines for Inservice Education
- Penalties for Non-Compliance

Method of Presentation. The instructor will give a lecture while students follow the presentation from a copy of the regulations, guidelines and sample records.

Time Allotted - Three hours

Reference:

Texas Department of Health. Standards for participation; Senate bill 9; Skills checklist. Austin, Texas: 1979.

2. Ability to Comply with State and Federal Regulations Pertaining to Training.

Objective: The student will be able to list steps toward developing training program to meet the state regulations pertaining to training.

Suggested Topics which should be reviewed to meet this objective include the following:

- Designation of Inservice Coordinator
- Development of Records System
- Development of Competency Based Program
- Developing and Scheduling of Orientation
- Developing and Scheduling of Inservice

Method of Presentation — Continuation of previous session.

Reference:

Texas Department of Health. Employee orientation and training in nursing homes and custodial care homes. (Rev. Ed.). Austin, Texas: 1980.

3. Knowledge of Documentation and Record Keeping Procedures

Objectives: The student will be able to document the state regulations for training records and will be able to describe at least one format for record keeping.

Suggested Topics which should be reviewed to meet this objective include the following:

- Skills Check List
- Concept of Success in Competency Based Learning
- Record Forms
- State Requirements for Documentation
- Preparing for A Record Audit

Method of Presentation — Continuation of previous two sessions.

Time Allotted —

Reference: See #1 & 2.

4. Use of Time Management and Prioritization Skills.

Objective: The student will be able to define five categories of time use and give one example of each. The student will also be able to list the regulations pertaining to amount of time required for orientation and inservice training as described in the regulations published by the Texas State Department of Health.

Suggested Topics which should be reviewed to meet this objective include:

- Categories of Time Use
 - Important and Urgent
 - Important but Not Urgent
 - Urgent but Not Important
 - Busy Work
 - Wasted Time
- Role-Defined Management
 - Full Time Versus Part Time
 - One Facility versus Several
- Developing Priorities
- The Regulations as Deciding Factors in Time Management

Method of Presentation. The instructor will review categories of time use, Texas Health Department regulations regarding orientation, and inservice education. Students will participate in outlining a time-use chart (Gantt type).

Time Allotted — One hour

Reference:

Bliss, E.C. Getting things done: the ABC's of time management.
New York: Charles Scribner's Sons, 1976.

5. Familiarity with different types and levels of long term care facilities.

Objective: The student will be able to identify the three levels of care used for regulation and reimbursement in long term care facilities.

Suggested Topics which should be reviewed to meet this objective include the following:

- Skilled Nursing Facility
- Intermediate Care Facility
- Custodial Care
- Profit/Non-Profit
- Staffing Requirements for SNF, ICF, Custodial
- Corporate (Chain) Facilities
- Reimbursement by level of care

Method of Presentation. The instructor will develop lectures covering (1) the types of facilities, (2) staffing requirements, (3) reimbursement criteria. A review of the material will utilize handouts which diagram the content areas.

Time Allotted — Three hours

Reference:

Roger, W.W. General administration in the nursing home.
Boston: Cahnners, 1971.

6. Familiarity with Different Departments and Services Available within the Facility.

Objective: The student will be able to identify each department in the long term care facility and define their role in total patient care.

- Nursing
- Dietary
- Housekeeping
- Laundry
- Janitorial
- Medical Records
- Activity and Social Services
- OT/PT
- Department Roles in Total Patient Care

Method of Presentation. Taped interviews with directors of departments in nursing homes will be made. An explanation of the role of each service, an identification of personnel involved, and other general information will be included. The leader will summarize these presentations from the point of view of total patient care.

Time Allotted — Two hours

References:

- Coggeshall, J.H. Management of retirement homes and long term care facilities. St. Louis: C.V. Mosby, 1973.
- Rogers, W.W. General administration in the nursing home. Boston: Cahnners, 1971.

7. Experience in Health Care Facility as Licensed Nurse.

Objective: The student will be able to describe the role and function of the nurse in the long term care facility and will develop (1) a list of skills which they can transfer from previous nursing experience and (2) a list of skills which must be developed for geriatric nursing.

Suggested Topics which should be reviewed to meet this objective include the following:

- American Nurses Association's Standards for Gerontological Nursing Practice.
- Care Giving in the Later Years
- The Role of the Geriatric Nurse Specialist in the Long Term Care Team
- General Licensed Nursing Practice

Method of Presentation. Students will research general nursing practice and work in small groups to identify skills the licensed nurse possesses which are appropriate to LTC. Each group will work with separate areas/components of nursing. The work of each group will be combined into a master list. Using the Standards for Gerontological Nursing Practice, the process of identifying skills will be repeated. Finally, both master lists will be combined.

Time Allotted — Three hours

References:

- Burnside, I.M., Ebersole, P., & Monea, H.E. Psychosocial caring through the life span. New York; McGraw Hill, 1979.
- American Nurses Association. Standards for Gerontological Nursing Practice. Kansas City: 1973.

8. Knowledge of Budgeting Procedures

Objective: The student will develop skills for budgeting in the context of the nursing home setting.

Suggested Topics which should be reviewed to meet this objective include the following:

- Concept of inservice budget as part of total facility budget
- Medicaid Reimbursement Allocated for Training
- Monthly Reporting Mechanisms
- Categorical Budgeting
 - Personnel
 - Equipment
 - Materials
- Fixed, Variables and Mixed Budgets

Method of Presentation - Incorporate in #2 along with the other reimbursement protocol, except for specific budgeting procedures which will be demonstrated by constructing a typical budget.

Time Allotted - Thirty minutes

Reference:

Matthews, L. Practical operating budgeting. New York: McGraw Hill, 1973.

9. Knowledge of Psychological Aspects of Aging.

Objective: The student will be able to describe the psychological changes associated with increasing age, the common psychological disorders of old age, and the implications of those changes for patient care.

Suggested Topics which should be reviewed to meet this objective include the following:

- Sensory Processes
- Perceptual Processes
- Psychomotor Performance
- Common Emotional Disorders
- Functional Disorders
- Organic Brain Disorders
- Practical Considerations in Long Term Care

Method of Presentation. The age related decline in sensory and perceptual processes, changes in perceptual processes, and considerations for long term care will be presented through use of Concept Media's "Perspectives on Aging Series" filmstrips. The disorders and care considerations will be addressed through use of Sandoz's "Workshop on Aging" series. A discussion period will follow each film, with the leader summarizing major points.

Time Allotted — Nine hours

References:

Working with older people: A guide to practice (Vol. I-II)
Rockville, Maryland: Department of Health, Education, and Welfare, Health Care Financing Administration, Standards Quality Bureau, 1978.

Sandoz Pharmaceutical. Workshop on aging (Series of 8). East Hanover, New Jersey: 1977. [Includes films, participant course guides, leader guides]

Concept Media. Perspectives on aging (Series of 5). Costa Mesa, California: 1976. [Includes cassettes, filmstrips, Manuals.]

10. Knowledge of Geriatric Diseases and Treatment.

Objective: The student will develop an awareness of the common major diseases of the aged and the treatment of these conditions.

Suggested Topics which should be reviewed to meet this objective include:

- Diseases and Disorders of the Digestive System
- Diseases and Disorders of the Respiratory System
- Diseases and Disorders of the Circulatory System
- Diseases and Disorders of the Musculoskeletal System
- Endocrine and Nutritional Disorders
- Disorders of the Nervous System
- Diseases and Disorders of the Ear and Eye
- Diseases and Disorders of the Skin
- Diseases and Disorders of the Genitourinary System
- Chemical Disorders

Method of Presentation. Guest lecturer(s) such as Physician, Physician Assistant, Geriatric Nurse, could be invited to present information on selected topics. There are also many films available, especially in libraries at Medical Schools. These are often available on loan. Either methodology should be followed by a question and answer period.

Time Allotted — Lectures: Three hours/Films: Varies

Reference:

Falconer, M.W., Altamaura, M.V., & Behnke, H.D. Aging patients: a guide for their care. New York: Springer, 1976.

11. Ability to be Sensitive to Patient Needs.

Objective: The student will review the sensory and mental changes associated with age, and discuss the special needs of older patients which result from these changes.

Suggested Topics which should be reviewed to meet this objective include the following:

- Sensory Changes with Aged
- Special Mental Health Needs of Aging Persons
 - Loneliness
 - Reminiscing
 - Grief
 - Self-Esteem
- Emotional Disorders
- Dependency

Method of Presentation. A case study will be generated, including elements pertaining to the topics listed above. An audio replication of some of the dialogue in "Aged Patients in Long Term Care Facilities" will be included.

Time Allotted — Two hours

References:

Aged patients in long term care. /DHEW (ADM) 7.5-154/. National Institute of Mental Health, 1974.

Ernst, M. & Shore, H. Sensitizing people to the processes of aging: The in-service educator's guide. Denton, Texas: North Texas State University, 1977.

12. Ability to Monitor Group Processes.

Objective: The student will be able to identify at least six group processes and describe these processes as they relate to the health care setting.

Suggested Topics which should be reviewed to meet this objective include the following:

Group Processes

- | | |
|--|-----------------|
| - Attending | - Summarizing |
| - Seeking and Giving Information | - Gatekeeping |
| - Contract Negotiation | - Confrontation |
| - Rewarding | - Modeling |
| - Responding to Feelings | - Mediating |
| - Focusing | - Starting |
| - The Importance of the Small Group | |
| - How a Group Gets Started | |
| - How the Effective Group Leader Works | |
| - Getting Things Done In Groups | |

Method of Presentation. The instructor will arrange demonstration/role play situations involving these techniques. Discussion of the dynamics of groups will follow.

Time Allotted — Three hours

Reference:

Bertcher, H.J. Group participation: Techniques for leaders and members. Beverly Hills: Sage, 1979.

13. Ability to Maintain Rapport with Staff to Help the Execution of the Program.

Objective: The student will be able to describe the role of communication in the health care setting and in establishing support for training.

Suggested Topics which should be reviewed to meet this objective include the following:

- The Role of Communication
- Discovering Yourself as the Communicator
- Language Awareness
- Nonverbal Cues
- Listening
- Fundamental Purposes of Communication

The Message to Persuade

- Communication in the Organization

Flow of Communication

Formal/Informal Communication

Feedback Loop

Method of Presentation. Exercise #8 depicted in "Training Exercises to Improve Interpersonal Relations in Health Care Organizations," will be used to illustrate common elements and difficulties in staff communication. Role playing situations can be used to supplement and illustrate specific topics.

Time Allotted — One and one-half hours

References:

Smith, V.M. & Bass, T.A. Communication for health professionals.
Philadelphia: J.P. Lippincott, 1979.

Cassella, C. Training exercises to improve interpersonal relations in health care organizations. Greenvale, New York: Panel, 1977.

14. Ability to Exercise Leadership

Objective: The student will be able to list three roles of a leader and identify at least four styles of leadership.

Suggested Topics which should be reviewed to meet this objective include the following:

- Organizational Assessment
- Primary Functions of a Leader
 - Planning
 - Organizing
 - Controlling
- Styles of Leadership
 - Autocratic
 - Democratic
 - Team
 - Executive
 - Intellectual
- Theories of Leadership
 - Theory X — Theory Y
 - Managerial Grid
 - Exchange Theory

Method of Presentation. A role playing situation can be used to instruct students in leadership roles and styles. This would include a mock-up of a case in which they must step in and assume leadership. Have several students "act out" or otherwise share their response to the case. The instructor will then guide the analysis of the role playing in terms of the suggested topics above, explaining the concepts.

Time Alloted — One and one-half hours

Reference:

Stogdill, R.M. Handbook of leadership. New York: The Free Press, 1974.

15. Ability to Allow Feedback between the Employee, Company and State Agency.

Objective: The student will be able to compare and contrast open and closed communication systems, and describe the institution as a relationship system.

Suggested Topics which should be reviewed to meet this objective include the following:

- Fixed Communication in a Closed System
- Therapeutic Nature of Open Communication System
- The Institution as a Relationship System-Systems Theory

Organizational Hierarchy
Homeostasis
Complementarity
Synergy
The Leading Part

- Characteristics of an Open System in LTCF

Multiple Leadership
Consultation
Horizontal Freedom/Vertical Control
Delegation of Authority
Flexible Balance between Individual & Group Concern
Catalysis
Inservice Training
Two-Way Communication Painful
Crisis
Confidentiality

Method of Presentation. The typical organizational chart will be outlined, showing the usual flow of communication in a closed system. An open communication system will be discussed, and both illustrated using the same example in two different role playing situations. Concepts related to open system functioning will be identified as illustrated by the role play. Variations and additions can be utilized to augment the role playing in order to cover the identified topics to be reviewed.

Time Allotted — Three hours

Kramer, C. & Kramer, J.R. Basic principles of long-term patient care: Developing a therapeutic community. Springfield, Illinois: Charles C. Thomas, 1976.

16. Ability to Constructively Criticize without Offending Individuals.

Objective: The student will be able to define the "helping relationship" and define and give a rationale for behavior-oriented criticism.

Suggested Topics which should be reviewed to meet this objective include the following:

- The Nature of the Helping Relationship
(Educator as Facilitator)

Accepting
Dynamic
Emotional
Purposeful, Time Limited,
and Unequal

- Behavior-Oriented Criticism

Honest, Realistic, and Responsible
Exercising Judgment
Using Authority

Method of Presentation. Each student will identify privately, someone they considered exceptionally helpful in their life. Next, a list of adjectives describing that individual will be generated and shared. Whenever possible they will be converted to behaviors. The same process will be used for an exceptionally unhelpful individual. These two master lists will be compared for polarities, and supplemented by the instructor. Role playing situations will be arranged to allow practice in criticizing identified negative behaviors vs. personal attack.

Time Allotted - Two hours

Reference:

Brill, N.I. Working with people: The helping process, Naomi I. Brill; Philadelphia: J.P. Lippincott, 1978.

17. Ability to Work with Administration and the Director of Nursing.

Objective: The student will be able to list at least three conditions conducive to team work and will experience the exercise of team building.

Suggested Topics which should be reviewed to meet this objective include the following:

- Characteristics of Effective Work Group

Knowledge & Skills
Attitudes
Motivation
Working Relationships
Atmosphere

- Factors which Enhance Proficiency

- Factors which Promote a Common Desire to Belong to the Organization and Identify with it.

- Factors which Enhance Motivation

- Team Building Exercise

- The Inservice Coordinator as Part of the Team

Method of Presentation. A case study will be presented involving the need for a group to solve a problem very similar to those encountered on the job. Small groups will attack the problem, and individuals subsequently will analyze how they agreed/disagreed, what their levels of satisfaction were with proposed solutions, their perceptions of alternatives generated, etc. Work progresses until consensus is reached.

Time Allotted — Three hours

Reference:

Cassella, C. Training exercises to improve interpersonal relations in health care organization. New York: Panel, 1977.

18. Knowledge of Adult Education Principles

Objective: The student will be able to identify characteristics of adult learners and the implication of these differences for training.

Suggested Topics which should be reviewed to meet this objective include the following:

- Differences in Adult Learners in:

Self-Concept
Experience
Readiness to Learn
Time Perspective

- Advantages/Disadvantages of Being an Adult Student

- Methods for Motivating Adults

- Methods for Teaching Adults

Method of Presentation. Small group discussion will be utilized to elicit perceived differences in adult learners and some considerations which result. The instructor will be prepared to add material, maintain focus and elaborate on important issues. Implications for training will be presented in a lecture format, with an outline of the content distributed as a handout.

Time Allotted — Two hours

Reference:

Knowles, M. Modern practice of adult education. New York: Association Press, 1970.

19. Development of a Method to Measure Progress

Objective: The student will be able to define competency based education and will design a competency based unit for one skill to be taught in the long term care facility.

Suggested Topics which should be reviewed to meet this objective include the following:

- Definition of Competency Based Education
- Criterion vs. Norm-Referenced Assessment
- Importance of Self-Assessment
- Skills Breakdown in Competency Based Education
- Use of Competency Based Education with Adults

Method of Presentation. The instructor will present the material on competency based education in an overview of the subject. An example from one section of the Skills Check List will be used to illustrate the assessment and skills breakdown techniques involved.

Time Allotted — One hour

References:

Mehrens, W.A., & Lehmann, I.J. Measurement and evaluation in education and psychology (2nd ed.). New York: Holt, Rinehart and Winston, 1975.

Grant, G. (et. al.) On competence: a critical analysis of competence-based reform in higher education. San Francisco: Josey Bass, 1979.

20. Ability to Formulate Training Goals.

Objective: The student will be able to list three sources from which goals may be derived and will write a goal statement for the training program.

Suggested Topics which should be reviewed to meet this objective include:

- Sources of Goals (Society, Students, Subject Areas)
- Goals vs. Objectives
- Goals in Defining Topics/Methods
- Expressions Commonly Used in Goal Descriptions

Method of presentation. The students will participate in an exercise in which students are invited to visualize themselves having just accomplished or achieved something important to them. Next they must write a description of themselves, after having reached this point, in terms of their thoughts, actions and feelings (goal). The final step involves identifying what steps/conditions (objectives) lie between "now" and "then." Discussion should bring out how this is analogous to formulating training goals. Use some examples.

Time Allotted - One hour

References:

Dick, W., & Carey, L. The systematic design of instruction.
Glenview, Illinois: Scott, Foresman, 1978.

21. Ability to Set Up Program that Offers Flexibility Where Change is Necessary.

Objective: The student will be able to describe a "learning environment" and list three examples of occurrences which would trigger the need for a flexible, changing training program.

Suggested Topics which should be reviewed to meet this objective include the following:

- Establishing a Learning Environment

Staff Meeting as Training
Student Participation in Planning
Interviewing Techniques
Patterns in Behavior
Applicability of Training
Conflicts/Conflict Management

- Constant Change — Flexibility

- 1) New Regulations
- 2) New Staff
- 3) Crises
- 4) Training for Special Programs
- 5) Volunteers
- 6) Day Nurses — Sitters

Method of Presentation. The instructor will demonstrate the "learning environments" listed above. This will be followed by a discussion of situations which require flexibility in the training program.

Time Allotted — Two hours

Reference:

Kramer, C.H., & Kramer, J.R. Basic principles of long-term patient care: Developing a therapeutic community.
Springfield, Illinois: Charles C. Thomas, 1976.

22. Ability to Use Varying Teaching Methods and Materials in Presenting Training.

Objective: The student will be able to list at least five methods of instruction and demonstrate two ways of presenting a topic.

Suggested Topics which should be reviewed to meet this objective include the following:

- Factors Affecting Method
- Applicability of Method to Topic
- Advantages/Disadvantages of:

- Lecture
- Group Discussion
- Role Playing
- Individual Instruction/Programmed Learning
- Demonstration
- AV
- Guided Practice
- Contracts
- Games
- Simulations
- Case Studies

Method of Presentation. The instructor will develop a handout comparing the advantages/disadvantages of selected teaching methods. All methods used previously with the students will be reviewed. Students will prepare a demonstration* using at least two teaching methodologies. The demonstrations will be critiqued by the instructor and students, using evaluation procedures previously mastered.

Time Allotted — About 20 - 30 minutes per student

*The demonstrations can be videotaped for student viewing.

Reference:

Wilbur, M.B. Educational tools for health personnel. New York: MacMillan, 1968.

23. Ability to Evaluate a Program and Allow for Planning and Change Resulting in a More Effective Program.

Objective: The student will be able to identify four methods of evaluation and describe and give example of one positive result of a negative assessment.

Suggested Topics which should be reviewed to meet this objective include the following:

- Evaluation as a Planning Tool
- Methods of Evaluation
 - Objective Test (oral or written)
 - Observation
 - Judgmental Assessments Using Participant Ratings
- Attitude vs. Knowledge Assessment
- Measurement Instruments

Method of Presentation. The instructor will present a systems approach model for designing instruction and illustrate the importance of the evaluation component in planning. Various evaluation methods will be outlined and illustrated using the same sample instructional content.

Time Allotted — Three hours

References:

- Houle, C. The design of education. San Francisco: Josey-Bass, 1974.
- Dick, W., & Carey, L. The systematic design of instruction. Glenview, Illinois: Scott, Foresman, 1978.

24. A Knowledge of Available Resources for Training Various Staff Members.

Objective: The student will be able to list at least ten sources of training material available in the field of long term care.

Suggested Topics which should be reviewed to meet this objective include the following:

- Staff as Resource
- Universities, Community Colleges
- Pharmaceutical Companies
- Medical Supply Companies
- Producers of Educational Materials
- Professional Publications
- Local Services (Fire Department, etc.)
- State Health Department
- Professional Organizations
- Government Offices
- Libraries
- "Consultants"/Community Experts
- Governor's Committee on Aging
- Area Agency on Aging

Methods of Presentation. Individuals/Teams will be assigned to research resources such as the above and subsequently share with the whole group. A structured "Inquiry" handout could be developed to insure uniformity of information gathered.

Time Allotted - One and one-half hours

Reference:

N/A

25. Knowledge of an Ability to Perform in the Areas of Training
(Skills Checklist.)

Objective: The student will be able to recognize each skill area in the skills checklist and will be able to list at least one resource for teaching each skill.

Suggested Topics which should be reviewed to meet this objective include the following:

- Skills Checklist - Texas Department of Health Guidelines
- Skills/Method Matching Exercise
- Review of Methods and Resources (Skills 22 & 29)

Method of Presentation. The instructor will develop a "matching" exercise to be done in small groups. Discussion of difficulties and alternatives should occur after the task period.

Time Allotted - 1 1/2 hours

References:

- Skills Check List from #1
- Handout from #22
- Notes/Material from #29

26. Ability to Evaluate Job Performance.

Objective: The student will be able to define competency based training and will be able to describe the use of the Skills Check List mandated by state regulations for use in evaluating nursing home employees.

Suggested Topics which should be reviewed to meet this objective include the following:

- Concepts of Competency Based Training
- Methods of Evaluation of Performance — State Regulations
 - Direct Observation of Performance of Skill
 - Observation of Outcome of Performance
 - Assessment of Description of a Procedure
 - Long Term Results
- Review of Skills Check List

Method of Presentation. The instructor will present the concepts of competency based training, review the Skills Check List (Texas Department Health Resources) and outline methods of performance evaluation. The Skills Check List will be divided among small groups to discuss appropriate evaluation methods. General large group discussion of results will follow.

Time Allotted — Two hours

References:

Skills Check List from #1

Janka, K. People performance...results! Washington, D.C.: National Training on Development Service, 1977.

27. Ability to Plan and Coordinate Training Programs.

Objective: The student will be able to list and discuss the eight steps in the planning process and give at least two ways this process may contribute to coordination of training programs.

Suggested Topics which should be reviewed to meet this objective include the following:

- Planning Process

Assess Needs
Write Objectives
Select Content
Select Methods of Instruction
Identify Resources
Implement Program
Evaluate
Review and Modify

Method of Presentation. The planning process will be identified through group discussion, using an example of a specific training need. The leader will play "devil's advocate" during the discussion until all steps are included in the right order, and discuss application.

Time Alloted - One hour

Reference:

Houle, C. The design of education. San Francisco: Josey-Bass, 1974.

28. Ability to Diagnose Training Needs of Staff to Improve Facilities.

Objective: The student will be able to list and discuss five methods of direct needs assessment and three methods of indirect assessment and relate these to the long term care facility.

Suggested Topics which should be reviewed to meet this objective include the following:

- Rationale for Needs Assessment

- Direct Expressions of Need

- Interview
 - Questionnaire
 - Advisory Committee
 - Observation
 - Suggestion Box

- Indirect Expressions of Need

- Records
 - Important Persons Complaints/Suggestions
 - Changed Procedures

Method of Presentation. Demonstrations/examples will be created to illustrate the methods used to obtain direct and indirect impressions of need. A discussion should yield some benefits to be derived from each approach in addition to the overall rationale for assuring needs.

Time Allotted - Two hours

References:

Babbie, E.K. Survey research methods. Belmont, California: Wadsworth, 1973.

Hospital Research and Educational Trust. Training and continuing education - a handbook for health care institutions. Chicago: 1970.

29. Ability to Outline and Organize A Program.

Objective: The student will be able to describe the four-step process in program planning.

Suggested Topics which should be reviewed to meet this objective include the following:

- Process of Lesson Planning

Write an Objective

Determine the Domain in which the Objective Can
be Classified: Cognitive, Affective, Psycho-
motor

Select an Appropriate Strategy Within the Domain

(Factors — Time, Content, Budget, Space, Scheduling)

Select Appropriate Learning Materials and Evaluation.

Method of Presentation. A short presentation will be made of the four-step process. Each participant will write a lesson plan related to a specified topic of instruction. This will be followed by small group sharing and large group synthesis of the results.

Time Allotted — One and one-half hours

Reference:

Boye, P.G., & Johns, I.R. Program development and evaluation.
In R.M. Smith, G.F. Aker & J.R. Kidd (Eds.), Handbook of
adult education. New York: MacMillan, 1970.

30. Ability to Develop Training to Meet Identified Staff Needs.

Objective: The student will be able to describe the use of needs assessment in designing training and will plan one program with resources to meet one need area.

Suggested Topics which should be reviewed to meet this objective include the following:

- Diagnosis of Topics for Learning

Content Based
Learner Based
Evaluation Based

- Skills Check List vs. Priority Inservice Topics

- Knowledge of Resources in Training Areas

- Use of Outside Resources to Meet Needs

- Use of Needs Assessment

Method of Presentation. The instructor will present material on "Diagnosis of Learning Topics." Discussion will follow and an example will be identified. Possible resources meeting the need will be explored.

Time Allotted - One-half hour

Reference:

Miller, H.G., & Verduin, J.R., Jr. The adult educator.
Houston: Gulf, 1979.

31. Ability to Teach on Levels Appropriate to Different Levels of Staff.

Objective: The student will be able to list the principles of individualized instruction and give at least three ways in which these concepts may be applied in their role as training coordinator.

Suggested Topics which should be reviewed to meet this objective include the following:

- Concept of Individualized Instruction
- Using Performance Objectives to Individualize Instruction
- Remediation
- Methods of Individualized Instruction (AV & Self Pace)
- Feedback
- Features of Individualized Learning
 - Self-Responsibility
 - Self-Pacing
 - Successful Learning
 - Specific Learning Objectives Agreed to by Student
 - Variety of Learning Activities/Resources
- Learning Objectives Suitable to Individualized Instruction

Method of Presentation. The instructor will present the principles of individualized instruction, then guide the group in construction of a sample of this type of instruction. The topic identified in # 27, 30, 32 will be used as the example.

Time Allotted — Two hours

Reference:

Dick, W., & Carey, L. The systematic design of instruction.
Glenview, Illinois: Scott, Foresman, 1978.

32. Ability to Organize and Schedule Activities.

Objective: The student will be able to list at least five concerns in program planning and three common problems in scheduling training programs in a long term care facility.

Suggested Topics which should be reviewed to meet this objective include the following:

- Planning Programs

- Purpose
- Cost
- Audience
- Sequencing Content
- Learning Activities
- Program Follow-Through
- Facilities/Equipment
- Faculty
- Promotion

- Scheduling Considerations

- Shift Changes
- Reimbursement for Training Time
- Considerations of Personal Schedules when Training Adults
- Regulations - How Much Time Must be Used Training
- Method Involved
- Handling Latecomers
- Offering Options
- Incentives for Attendance

Method of Presentation. Follow up on #12, students will continue in the same mode using the example identified in #12 to complete the plan in terms of the topics selected above.

Time Allotted - Two hours

Reference:

Clark, C.C. The nurse as continuing educator. New York: Springer, 1979.